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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/788,619	02/27/2004		Markus Goldstein		P04,0039	6493
TITLE OF INVENTION: MEDICAL SYSTEM ARCHITECTURE FOR INTERACTIVE TRANSFER AND PROGRESSIVE REPRESENTATION OF COMPRESSED IMAGE DATA						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/21/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
YEH, EUENG NAN		2624	382-128000			
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/12) attached. Fee Address' indication (or "Fee Address' Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is stand, no name with per printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE						
Siemens Aktiengesellschaft Munich, GERMANY						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🔲 Government						
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Authorized Signature	/Steven H	. Noll/		Date	September 2, 20	09
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